DOCUMENT RESUME

ED 433 103 PS 027 788

AUTHOR Bromer, Billi L.

TITLE Project ChiLD (Children Learn Differently): Using Team Collaboration To Increase the Active Participation of Children with Disabilities in Head Start.

PUB DATE 1999-03-00

NOTE 27p.; Paper presented at the Annual Southern Early Childhood Association Conference (50th, Nashville, TN, March 22-27, 1999) and the International Conference of the Association for Childhood Education International (San Antonio, TX, April 7-10, 1999).

PUB TYPE Reports - Descriptive (141) -- Reports - Evaluative (142)

EDRS PRICE MF01/PC02 Plus Postage.

DESCRIPTORS *Agency Cooperation; Class Activities; Cooperation; *Disabilities; *Inclusive Schools; Mainstreaming; *Preschool Children; Preschool Education; Student Participation

IDENTIFIERS Project Head Start

ABSTRACT

Project ChiLD (Children Learn Differently) was designed to integrate children who display serious disabilities into the Head Start program in which they were enrolled and to increase their full participation in all classroom activities. The 8-month project created a strategic plan to improve interagency collaboration between one Head Start center enrolling 140 children. The center had 12 children with serious disabilities who would receive special education services from the local school system. Head Start teacher behavior was observed over the course of 1 month to determine a baseline of teacher practices. Analysis of the outcomes revealed that a visible system for team collaboration was attained and that children with moderate and severe disabilities were integrated into more activities through Head Start teachers' increased use of best educational practices. Head Start teachers also verbalized a positive response to the use of team meetings as a way to increase individual skill in managing the children's special needs. Head Start teachers viewed team meetings as useful to them, a system of team collaboration as good for Head Start, and the increased involvement of special education staff as having made a positive change. Two appendices contain the Head Start Best Practice Observation Checklist and the Team Collaboration Planning Sheet. Contains 29 references. (KB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED 433 103

Project ChiLD (Children Learn Differently): Using Team Collaboration to Increase the Active Participation of Children with Disabilities in Head Start

Billi L. Bromer, Ed. D.
Early Childhood Specialist
Richmond County Schools
Augusta, Georgia

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

Billi L. Bromer

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

PS 027788

BEST COPY AVAILABLE

Abstract

Project ChiLD was designed to integrate children who display serious disabilities into the Head Start program in which they were enrolled and to increase their full participation in all classroom activities. The project created a strategic plan to improve interagency collaboration between Head Start and a preschool special education program providing disability services to children with special needs. Analysis of the outcomes revealed that a visible system for team collaboration was attained and that children with moderate and severe disabilities were integrated into more activities through Head Start teachers' increased use of best educational practices. Head Start teachers viewed team meetings as useful to them, a system of team collaboration as good for Head Start, and the increased involvement of special education staff as having made a positive change.

PS 027788

A Description of Project ChiLD

Project ChiLD (Children Learn Differently) was an eight month outcome-focused, strategic plan to improve interagency collaboration between a Head Start center and a preschool special education program providing disability services to children with special needs. The project was designed to integrate children who display severe or moderate intellectual or physical disabilities into the Head Start program in which they were enrolled and to increase their full participation in all classroom activities. Elements of Project ChiLD included the creation of a collaborative agreement between Head Start and a preschool special education program provided by a local school system, incorporation of regular collaborative team meetings into the Head Start routine, provision of formal training to Head Start teachers on managing the needs of children with disabilities, and the integration of informal on-site training into the Head Start classrooms through increased involvement of special education staff in the Head Start classroom. Data analysis revealed that a visible system for team collaboration was attained and that children with moderate and severe disabilities were integrated into more activities through Head Start teachers' increased use of best educational practices. Head Start teachers viewed team meetings as useful to them, a system of team collaboration as good for Head Start, and the increased involvement of special education staff in the classroom as having made a positive change.

Active participation of children with disabilities. The Individuals with Disabilities Education Act was reauthorized on June 4, 1997 (United States Department of Education, 1997). Public Law 105-17 sought to guarantee to all children the full access to regular education that was still being denied to children with disabilities then. Rose and Smith (1994) indicated that there is

still debate among agencies serving young children, including Head Start, about who is directly responsible for providing inclusive education to preschoolers with disabilities. In early childhood education, this is evident even in programs that receive federal funding, such as Head Start. Children who display severe physical or intellectual disabilities are not readily integrated into some Head Start classrooms; when they are, children with disabilities are often not participatory in all classroom activities. The Head Start program is a primary source of inclusion for many four-year-olds because it is free to eligible families and available within most communities; it is also a desirable place to facilitate inclusion because the program is mandated to incorporate children with special needs. The U.S. Department of Health and Human Services noted in the Head Start Program Performance Standards on Services for Children with Disabilities (1993) that children with disabilities must account for at least 10% of enrollment, yet Lindeman and Adams (1996a) reported that children with serious disabilities are not often enrolled within most Head Start classrooms. Wolery, Werts, and Holcombe (1994) noted that many of the mandated 10% of children with disabilities in Head Start display speech and language delays, rather than more serious disabilities. When children with serious disabilities are enrolled in Head Start, it is often on a part-time basis. Zigler and Styfco (1994) suggested that Head Start needs to improve its ability to manage the needs of a diverse population of young children. Because best practice urges inclusion for children with any type of special need, the absence of this choice for children with more serious disabilities is an issue for both Head Start and the early childhood special education programs that seek inclusion opportunities for all children.

Why it is difficult to attain inclusion. Several researchers have suggested why it is

difficult for programs serving mostly typical preschoolers to work collaboratively with local school special education programs to include children with disabilities. Fink and Fowler (1997) uncovered three major impediments to agencies cooperating to provide educational services to children with disabilities that include "...logistical barriers, divergent philosophical orientations, and lack of perceived parity..."(p. 357). Lindeman and Adams (1996a) noted that many Head Start programs face barriers, such as separate policies and procedures, when attempting to provide services to students with severe disabilities. Goodman (1994) noted that education for preschool children with disabilities is viewed as requiring a remedial approach rather than one that encourages integration with peers, and therefore, is felt to be appropriately managed only by special education rather than regular education teachers. Thurman (1997) suggested that there often exists a problem of a lack of "fit" between a child's needs and the ability and willingness of teachers to make accommodations. Butera (1993) reported that most Head Start teachers do not perceive themselves as competent in managing children with special needs, even if they verbalize a positive attitude toward inclusion. Odom and McEvoy (1990) described many of the above mentioned barriers to inclusion as continuing to exist despite rigorous inclusion efforts. Head Start could be in the forefront of inclusion efforts because of its extensive role in many communities. Yet, many reasons exist for why children with serious disabilities are not being fully integrated in Head Start classrooms.

Causative analysis. First, Head Start regulations, revised in February, 1993, require that a comprehensive plan be created to deliver special education services to children with disabilities through collaboration with local school systems. These plans often do not adequately identify

each agency's responsibilities for the inclusion of children with special needs within the Head Start classroom. Often, individual agency policies and procedures encourage isolation rather than integration (Janko and Porter, 1997); Rose and Smith, 1994; Johnson, McMillan, Johnson, and Rogers 1991; Giangreco,1997; Woods-Cripe,1997; Giangreco, Dennis, Edelman, and Cloninger, 1994) and inhibit collaboration.

Second, there is often no apparent system for team collaboration among preschool special education teachers, Head Start classroom teachers, related service providers, and others involved with a child (Wolery, Werts, Caldwell, Snyder, and Lisowski, 1995; Rose and Smith, 1993; Johnson, McMillan, Johnson, and Rogers, 1991; Janko, Schwartz, Sandall, Anderson, and Cottam, 1997). To successfully manage inclusion of children with serious disabilities, general education teachers, special education teachers, other individuals providing support for the child's individual needs, and the child's family must work together. It is not simply the presence of special education teacher in the regular classroom that defines collaboration. Collaboration is a carefully worked out, strategic plan that constantly reassesses it's own effectiveness.

Third, the practices of preschool special education teachers are sometimes not helpful to Head Start teachers in managing inclusion in the Head Start classroom. Children with severe disabilities often require extra time and attention to be fully participatory in all classroom activities. Preschool teachers may spend an insufficient amount of time in the classroom with the Head Start teacher, providing the support and guidance required for the child's successful participation. Preschool teachers may not discuss each child's individual needs with the Head Start teacher on a regular basis and may supply little opinion on the child's ongoing adjustment.

Fourth, materials are not adequately provided to Head Start teachers to successfully include children with disabilities into all classroom activities, such as adaptive toys or recordable switches. Neither Head Start nor preschool programs have, or allocate if they do have, sufficient funds to purchase items required for ongoing use in Head Start classrooms.

Fifth, Head Start teachers receive general training in managing the needs of children with diverse abilities, but do not receive training in individual children's unique needs. Head Start teachers report that Head Start training does not adequately prepare them to meet the needs of children with serious disabilities. Yet, best practice suggests that teachers must be adequately prepared to manage children who might require such things as appropriate adaptive positioning or specialized techniques in feeding (Dinnebeil, McInerney, Fox, and Juchartz-Pendry, 1998; Sexton et al., 1996: Jones, 1993; Wolery, Werts, and Holcombe, 1994; Demchak and Drinkwater, 1991; Hanline and Fox , 1993; and Rose and Smith, 1994).

Finally, Head Start teachers often verbalize that children with severe disabilities cannot be integrated into the regular classroom (Buysse, Wesley, Keys, and Bailey, 1996; Rose and Smith, 1994; Wolery, Werts, and Holcombe, 1994; Demchak and Drinkwater, 1991; Hanline and Fox, 1993; Rose and Smith, 1994). In addition, because the Head Start program attempts to recruit children who are potentially at risk for educational difficulties, Head Start teachers sometimes indicate that Head Start classrooms already includes children with special needs.

It takes a great amount of effort to overcome the barriers obstructing the process of inclusion. Inadequate teacher preparation, the use of inappropriate or insufficient instructional materials and methods, and the absence of a clearly defined program of collaboration and

consultation between agencies contribute to the prevention of fuller inclusion efforts. Project ChiLD attempted to address these factors and to create a replicable model by which inclusion of children with serious disabilities could be attained in Head Start.

Project ChiLD as a Model for Interagency Team Collaboration.

Although Project ChiLD was conducted in one Head Start center in a specific community, the project does represent a systematic plan for team collaboration that can be replicated in other settings. The project reflected, above all else, participants' strong commitment to improving interagency team collaboration and to increasing the active participation of young children with disabilities in the general education setting. The solutions suggested within the project have a firm basis in the literature and have been documented as successful. The solutions can also be carried out by any individuals truly committed to the inclusion of all young children in typical preschool educational settings.

Before Project ChiLD. Project ChiLD selected one Head Start center, enrolling 140 children, because the center had 12 children with serious disabilities who would receive special education services from the local school system in the Head Start classroom through a team collaboration model.

To determine a baseline of teacher practices in the Head Start center, before the onset of the project, the project coordinator observed Head Start teacher and teacher assistant behavior in two Head Start classrooms over the course of one month and recorded observations on a Head Start Best Practice Observation Checklist (see Appendix A). The practices on the checklist were derived from recommendations from both the National Association for the Education of Young

Children (Bredekanp and Copple, 1997) and the Division for Early Childhood (DEC Task Force on Recommended Practices, 1993) of the Council for Exceptional Children (CEC). The checklist was developed by the project coordinator to help in detecting how well Head Start teachers applied helpful educational practices within individual classrooms and to note, at the end of the project, any changes in Head Start teacher behavior.

It was determined from the classroom observations that (a) staff did not engage children with severe disabilities fully in art activities, group time, or outdoor play; (b) staff did not interact with children with severe disabilities in a way that would allow the child to initiate play or make choices within play areas; (c) staff did not maximize the child's participation in activities by modifying aspects of the physical environment in the classroom or playground; (d) Head Start teachers did not maintain any data related to the child's IEP and (e) a system for team collaboration was not apparent between the Head Start and special education teachers.

Goals and expectations. The goal of Project ChiLD was for children who displayed physical or intellectual disabilities to be fully participatory in all classroom activities. The project also envisioned that the Head Start teachers would be more vocally committed to a policy of full inclusion of all children with special needs, despite the severity of any specific disability. Three primary outcomes were anticipated for the project. First, a formal agreement would be written that detailed the elements of collaboration between the Head Start and preschool special education programs. Second, a strategic plan for collaboration would be delineated between the Head Start and preschool special education programs. Third, Head Start teachers would display increased use of best practices with children with disabilities in the classroom as explained by the

Head Start Best Practice Observation Checklist.

Solutions used to produce outcomes. The solutions most consistently found by others to be effective in increasing the active participation of children with disabilities in typical classrooms have focused on the creation and use of interagency agreements and a systematic plan for team collaboration, the use of continued staff training and support, and the availability to teachers of the necessary educational methods and tangible materials that facilitate inclusion practices. These solutions are grounded in the principles of best practice in early childhood education and are feasible within most educational settings. The following strategies were implemented in the selected Head Start center for a school year:

(a) A comprehensive Memorandum of Agreement was written by the Head Start Disabilities Coordinator and the project coordinator that detailed the specific ways in which the Head Start program and the preschool program would mutually serve children with disabilities to establish a solid foundation for interagency collaboration.

(b) A formal system was created for discussion and decision-making among the preschool special education teacher, Head Start classroom teacher, related service providers, and the child's family would establish an effective system for team collaboration. This was attained through formal and informal meetings at the Head Start center. The use of a Team Collaboration Planning Sheet (Appendix B) provided structure to the meeting as well as written documentation of the ways in which team collaboration was attained.

(c) Practices of the preschool special education program were modified within the Head Start classrooms to create more opportunities for discussion among Head Start teachers and the

preschool special education staff assigned to the Head Start center, model appropriate practices by preschool teachers, and diminish the perception by Head Start teachers that insufficient support was provided by special education staff for the education of children with serious disabilities. This modification was reflected in the greater number of hours spent by the special education staff within the Head Start classroom and the greater emphasis placed upon the use of modeling as a teacher training tool directly in the classroom. One preschool special education teacher and two teacher assistants provided special educational services in the Head Start center, and one of the three special education personnel worked directly in a Head Start classrooms each morning at the Head Start center. Hours were substantially increased from the previous year to average approximately three to four hours per staff member each day. This allowed a special education teacher or assistant to be in three or more of the seven Head Start classrooms each day.

(d) More materials were provided that are required for successful inclusion of children with disabilities in Head Start classroom activities, such as adaptive toys or recordable switches, creating more opportunities for students with severe disabilities to be fully participatory in all classroom activities.

(e) Specialized training was provided to Head Start teachers by special education staff in working with children with particular disabilities. Training was directly related to an individual child's needs and his or her Head Start teacher's specific concerns and was conducted directly in the classroom whenever required..

By addressing the causes for inadequate interagency collaboration, Project ChiLD anticipated that the solutions would be effective in achieving the projected outcomes. The most

convincing evidence for the usefulness of the project was apparent within a preliminary report on the Head Start Teaching Center Demonstration Project (Head Start Bureau, 1997 [On-line], Available: http://www.acf.dhhs.gov/programs/hsb/report.htm). The elements described in the report as helpful in improving Head Start program practices included "hands-on participatory activities", "mentoring", and the involvement of center directors in training activities. The report challenged centers to conduct training within the Head Start centers themselves and suggested the use of "pre and post training assessments of trainees' knowledge and skills", and the use of "supervisors to rate trainees both before and after training". The report acknowledged many solutions suggested by Project ChiLD and verified them as promising practices.

Measurement of outcomes. Outcomes within Project ChiLD were measured in three ways. First, approval of the Memorandum of Agreement suggested that the directors of both the Head Start program and the preschool program had approved a thorough and formal interagency agreement between both agencies. Second, completion of a Team Collaboration Planning Sheet for each child with disabilities demonstrated that a system for team collaboration among teachers, related service providers, and the child's family had been established. Third, completion of the Head Start Best Practice Observation Checklist at the end of the school year showed that Head Start teachers' use of practices that facilitate inclusion of children with severe disabilities had improved. The Head Start Disabilities Coordinator completed the checklists as well as the Project ChiLD Coordinator.

Analysis of outcomes. Besides the data obtained from measurement of outcomes, Project ChiLD sought additional information from Head Start staff that would assist in evaluating the

outcomes. The Head Start Disabilities Coordinator interviewed several staff members at the Head Start center in which the project took place with each person responding to the same 13 questions. Most Head Start teachers verbalized that "sharing information, listening and being heard, and communicating" were the core elements of team collaboration. The responses generally reflected a positive responses to the project components and provided evidence that a system of team collaboration was not only created by Project ChiLD, but also clearly visible to Head Start staff members. The responses also suggested that Head Start teachers viewed team meetings as the most useful aspect of team collaboration. Although only half the responses supported a favorable attitude toward inclusion of children with disabilities into Head Start classrooms, most responses reflected acknowledgement that team collaboration made inclusion more manageable. The noted barriers to effective team collaboration included tactical problems (special education staff leaving unexpectedly), interpersonal issues (not getting along with special education staff assigned to a classroom), or undervaluing by special education staff of Head Start teachers' opinions about a child with special needs.

By the end of the project, ten of the 13 children with identified disabilities had attended Head Start full time and all 13 had been participatory in classroom activities through the use of adaptations or specialized equipment. Head Start teachers, in whose classroom the children were placed, verbalized more awareness of the individual needs of children with disabilities. Head Start teachers also verbalized a positive response to the use of team meetings as a way to increase individual skill in managing the special needs of children.

Conclusions. Project ChiLD concluded from the outcomes that the most critical

component of team collaboration was the interpersonal relationship and debate established and maintained between the special education staff and Head Start. The following events over the eight-month period supported this premise: (a) although the special education program provided less actual time in the classroom during the second half of the project because of unexpected personnel changes, Head Start teachers still verbalized greater feelings of being supported by special education staff; (b) team meetings were recorded by teachers as the most valuable solution strategy; (c) positive comments from special education staff to the Head Start teachers concerning the Head Start teachers' ability to manage the needs of children with disabilities appeared to be effective in increasing Head Start teachers' perceptions of their own competencies. These conclusions are consistent with those of Fink and Fowler (1997) and Kugelmass (1989).

Project ChiLD suggested that team collaboration is a slow process built upon trust among the parties involved. Collaboration between two agencies was successfully attained in Project ChiLD because special education staff trusted the competencies of the Head Start teachers and Head Start teachers seemed to trust that the special education program was attempting to support them as well. However, there were ongoing instances where the trust was in question. Discrepancies in the two programs policies or even simply in traditionally practiced habits of teachers continually presented challenges to the collaborative process. Discipline issues, for example, created frequent disagreements between Head Start and special education staff. Special education staff applied and modeled consistent, positive reinforcement as a method to alter children's inappropriate behavior, yet some Head Start teachers applied punitive

measures and verbalized that it is not desirable for other children to see any child's misbehavior go unpunished.

Interpretations. It is possible that Head Start staff might have felt that special education staff did not respect Head Start policy. This viewpoint was exemplified within the questionnaire responses concerning the lack of acceptance of Head Start teachers' opinions. This possibility is also supported in the literature by Fink and Fowler (1997), who found that when special and general educator differ on interventions used with a child, general education teachers often feel that their opinions were not adequately valued. Head Start teachers may have perceived that their viewpoints were not recognized when a recommendation made by special education staff was perceived as in conflict with the Head Start teacher's approach. Because Head Start has existed successfully as a program for several decades, Head Start teachers might have become accustomed to specific ways of managing children and might not have been willing to actually individualize for children with disabilities.

Project ChiLD also detected that Head Start staff appeared, or verbally expressed that they were able, to manage the needs of children with severe physical disabilities better than those of children with severe behavioral disturbances. This viewpoint is also supported in the literature (Dinnebiel, McInerney, Fox, and Juchartz-Pendry,1998). Three of the children within the Head Start center presented physical disabilities ranging from mild hemiplegia that impeded movement to severe quadriplegia that severely restricted it. The Head Start teachers, in whose classroom they were placed, were eager to learn how to use adaptive seating and other equipment to allow the children to be fully participatory in all activities. They did not appear

uncomfortable in handling the children after receiving instruction. Two other children displayed extremely challenging behavior that included physical tantrums, kicking, inappropriate language, biting, and running from the classroom. The teachers, in whose classroom these children were placed, verbalized confusion about how to manage the children and frustration at not being adequately trained to handle the behavior. While Head Start teachers who worked with children with physical limitations became more competent and confident, Head Start teachers who worked with children with behavioral difficulties became more frustrated. Although both children with behavioral problems did improve their ability to control impulses and became calmer in the classroom (one child was placed on medication), the teachers did not verbalize improvement often or readily. Perhaps educating children with physical disabilities represents the acquisition of specific skills; Head Start teachers did this. Educating children with extreme behavior represents a shift in attitudes or beliefs about discipline; Head Start teachers were resistant to doing this.

Project implication. Project ChiLD showed that collaboration with Head Start is possible, but most likely will take more than sporadic efforts in random Head Start centers. Beyond involvement with project such as this one, Head Start's commitment to increasing the full participation of children with disabilities should be made from the highest administrative levels. Head Start and special education programs can and should both work together from the perspective of best practice in early childhood education and create for all children equal access to full participation in the general education preschool experience.

References

Butera, G. (1993, November). Attitudes of Head Start teachers towards inclusion of children with disabilities in Head Start: Effect of training. Paper presented at the Second National Head Start Research Conference, Washington, DC.

Bredekamp, S. & Copple, C. (Eds.). (1997). Developmentally appropriate practice in early childhood programs. (Rev. Ed.). Washington, DC: National Association for the Education of Young Children.

Buysse, V., Wesley, P., Keys, L., & , Bailey, D. B. (1996). Assessing the comfort zone of child care teachers in serving young children with disabilities. Journal of Early Intervention 20(3), 189-203.

DEC Task Force on Recommended Practices, Division for Early Childhood, Council for Exceptional Children (1993). DEC recommended practices: Indicators of quality in programs for infants and young children with special needs and their families. Reston, VA: The Council for Exceptional Children.

Demchak, M., & Drinkwater, S. (1991). Preschoolers with severe disabilities: The case against segregation. Topics in Early Childhood Special Education, 11(4), 70-83.

Dinnebeil, L. A., McInerney, W., Fox, C., & Juchartz-Pendry, K. (1998). An analysis of the perceptions and characteristics of childcare personnel regarding inclusion of young children with special needs in community-based programs. Topics in Early Childhood Special Education, 18(2), 118-128.

Fink, D. B. & Fowler, S. A. (1997). Inclusion, one step at a time: A case study of communication and decisions making across program boundaries, Topics in Early Childhood Special Education, 17(3), 337-362.

Giangreco, M. F. (1997, July). Making support service decisions to facilitate inclusion in preschool and kindergarten. Paper presented at the 1997 Sunrise Institute, Hilton Head, South Carolina.

Giangreco, M. F., Dennis, R. E., Edelman, S. W., & Cloninger, C. J. (1994). Dressing your IEPs for the general education climate. Remedial and Special Education 15(5), 288-296.

Goodman, J. (1994). Early intervention for preschoolers with developmental delays: The case for increased collaboration. Psychological Reports, 75(1), 479-497.

BEST COPY AVAILABLE

Hanline, M. F. & Fox, L. (1993). Learning within the context of play: Providing typical early childhood experiences for children with severe disabilities. Journal of the Association of Persons with Severe Handicaps.18(2), 121-129.

Head Start Bureau, (1997). Preliminary report on the Head Start teaching center demonstration projects promising practices, challenges encountered, and lessons learned. [On-line], Available: http://www.acf.dhhs.gov/programs/hsb/report.htm

Janko, S. & Porter, A. (1997). Early childhood research institute on inclusion report. Seattle, WA: University of Washington.

Janko, S., Schwartz, I., Sandall, S., Anderson, K. & Cottam, C. (1997). Beyong microsystems: Unanticipated lessons about the meaning of inclusion, Topics in Early Childhood Special Education. 17(3), 286-306.

Johnson, P., McMillan, R. P., Johnson, L. G., & Rogers, C. K. (1991). EC-SPEED model program conference. In Ohio Department of Education Division of Early Childhood Education (Ed.), Summary of Conference Proceedings: March 8 and 9, 1991 (pp. 1-72). Columbus, OH: Ohio Department of Education.

Jones, E. (Ed.) 1993. Growing teachers: Partnerships in staff development. Washington, DC: National Association for the Education of Young Children.

Kugelmass, J. W. (1989). The "shared classroom": A case study of interactions between early childhood special education staff and children. Journal of Early Intervention. 13(3), 61-73.

Lindeman, D. P. (Project Director) & Adams, T. (Project Coordinator), (1996a). Shining bright: Head Start inclusion [Film]. (Available from Paul H. Brookes Publishing Co., Baltimore, MD.

Odom, S. L. & McEvoy, M. A. (1990). Mainstreaming at the preschool level: Potential barriers and tasks for the field. Topics in Early Childhood Special Education. 10(2), 48-61.

Rose, D. F. & Smith, B. J. (1993). Preschool mainstreaming: Attitude barriers and strategies for addressing them. Young Children. 48(4), 59-62.

Rose, D. F. & Smith, B. J. (1994). Providing public education services to preschoolers with disabilities in community-based programs: Who's responsible for what? In Policy and Practice in Early Childhood Special Education Series. Pittsburgh, PA: Research Institute on Preschool Mainstreaming.

Sexton, D., Snyder, P., Wolfe, B., Lobman, M., Strickler, S., & Akers, P. (1996). Early intervention inservice training strategies: Perceptions and suggestions from the field. Exceptional Children, 62(6), 485-496.

Thurman, S. K. (1997, July). Considering context in the delivery of early intervention. Paper presented at the 1997 Sunrise Institute, Hilton Head, South Carolina.

United States Department of Education (1997). IDEA: An overview. [On-line], Available: http://www.ed.gov/offices/OSERS/IDEA/thelaw.html

United States Department of Health and Human Services (1993). Head Start program performance standards on services for children with disabilities (DHHS Publication No. 45-CFR 1308). Washington, DC: U. S. Government Printing Office.

Wolery, M., Werts, M. G., & Holcombe, A. (1994). Current practices with young children who have disabilities: Placement, assessment, and instruction issues. Focus on Exceptional Children, 26(6).

Wolery, M., Werts, M. G., Caldwell, N. K., Snyder, E. D., & Lisowski, L. (1995). Experienced teachers' perceptions of resources and supports for inclusion. Education and Training in Mental Retardation and Developmental Disabilities, 15-26.

Woods-Cripe, J. (1997, July). Writing developmentally appropriate goals to support learning in natural environments. Paper presented at the 1997 Sunrise Institute, Hilton Head, South Carolina.

Zigler, E. & Styfco, S. J. (1994). Head Start: criticism in a constructive context. American Psychologist, 49, 127-132.

APPENDIX A
HEAD START BEST PRACTICE OBSERVATION CHECKLIST

BEST COPY AVAILABLE

Head Start Best Practice Observation Checklist

Check the line that best describes the degree of each practice you observe in the classroom.

1. The child is fully included in classroom routines and activities.
   Very much_ somewhat_ not very much_

2. Age-appropriate materials and activities are employed and adapted to the child's needs within various classroom centers.
   Very much_ somewhat_ not very much_

3. There are many opportunities for the child to initiate play in a variety of settings within the entire center.
   Very much_ somewhat_ not very much_

4. There are opportunities for the child to make choices during various times of the day.
   Very much_ somewhat_ not very much_

5. Opportunities for the child to interact with classmates are encouraged.
   Very much_ somewhat_ not very much_

6. The learning environments are made responsive to the child's individual needs.
   Very much_ somewhat_ not very much_

7. All adults take an active role in the child's activities.
   Very much_ somewhat_ not very much_

8. Related services are apparent within the child's total program.
   Very much_ somewhat_ not very much_

9. The Head Start teacher and assistant have a defined and workable system for IEP monitoring.
   Very much_ somewhat_ not very much_

10. The Head Start teacher and the Special Ed teacher have a defined and workable plan for regular collaboration.
    Very much_ somewhat_ not very much_

Observer_____date_____

BEST COPY AVAILABLE

APPENDIX B
TEAM COLLABORATION PLANNING SHEET

BEST COPY AVAILABLE

Team Collaboration Planning Sheet

Date _____

Child's name: Age: HS Teacher: SE teacher:

Related service providers (RSP): OT __times per month/year PT __times per month/year Speech _____
Other team members:

Current skills:

Large Motor:

Small Motor:

Communication:

Social:

Feeding:

Toileting:

Thinking:

Special interests/learning style:

Requests made by parents or others:

Successful interventions already in use:

BEST COPY AVAILABLE

Adaptations Equipment 2

Large Motor:

Small Motor:

Communication:

Social:

Feeding/Toileting:

Thinking:

Other Needs:

BEST COPY AVAILABLE